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\*\* CONTINUING DATA \*\*\*\*\*  
N/A

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
N/A

IF REQUIRED, FOREIGN FILING LICENSE  
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 11	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>				

**ADDRESS**

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**TITLE**

Mixed signal adaptive boost equalization apparatus and method

<b>FILING FEE RECEIVED</b> 690	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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